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| <b>Utah Medicaid Provider Manual</b>     | <b>Hospital Services - End Stage Renal Disease</b> |
| <b>Division of Health Care Financing</b> | <b>Updated July 1999</b>                           |

# **SECTION 4**

## **HOSPITAL SERVICES**

### **End Stage Renal Disease**

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## **1 GENERAL POLICY**

End Stage Renal Disease Services (ESRD) include dialysis and renal transplantation provided to assist patients to receive necessary care through efficient distribution and effective utilization of treatment resources while maintaining quality care. There is ultimate concern for maintaining a functional quality of life for the patient.

A renal dialysis center or facility or a renal transplantation center may qualify for approval and be reimbursed under the ESRD program by Medicaid only if the hospital or facility is otherwise an approved provider in the Medicare program.

The ESRD facility, center, or renal transplantation center must be in compliance with applicable federal, state, and local laws and regulations for licensure, certification and/or registration.

Authority for the renal dialysis center or facility, or transplantation center services is found at Sections 1102, 1138, 1861, 1862(a), 1871, 1874, and 1881 of the Social Security Act, and at 42 CFR, Part 405, Subpart U which is adopted and incorporated by reference. ESRD facilities must be in compliance with Utah Administrative Code R432-650, *End Stage Renal Disease Facility Rules*.

### **1 - 1 Clients Enrolled in a Managed Care Plan**

A Medicaid client enrolled in a managed care plan, such as a health maintenance organization (HMO) or Prepaid Mental Health Plan (PMHP), must receive all health care services through that plan. Refer to SECTION 1, Chapter 5, Verifying Eligibility, for information about how to verify a client's enrollment in a plan. For more information about managed health care plans, please refer to SECTION 1, Chapter 4, Managed Care Plans. Each plan may offer more benefits and/or fewer restrictions than the Medicaid scope of benefits explained in this section of the provider manual. Each plan specifies services which are covered, those which require prior authorization, the process to request authorization and the conditions for authorization.

All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan. Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid client who is enrolled in a capitated managed care plan when the services are included in the contract with the plan. Providers requesting prior authorization for services for a client enrolled in a managed care plan will be referred to that plan.

A list of HMOs and PMHPs with which Medicaid has a contract to provide health care services is included as an attachment to this provider manual. Please note that Medicaid staff make every effort to provide complete and accurate information on all inquiries as to a client's enrollment in a managed care plan. Because eligibility information as to which plan the patient must use is available to providers, a fee-for-service claim will not be paid even when information is given in error by Medicaid staff.

### **1 - 2 Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients)**

Medicaid clients who are *not* enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This provider manual explains the conditions of coverage for Medicaid fee-for-service clients.

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## **1 - 3 Definitions**

### **Arrangement**

A written document executed between an ESRD facility and another facility in which the other facility agrees to furnish specified services to patients but the ESRD facility retains responsibility for those services and for obtaining reimbursement for them.

### **Dialysis**

A process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane. The two types of dialysis that are currently in common use are hemodialysis and peritoneal dialysis.

### **End Stage Renal Disease (ESRD)**

That stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.

### **ESRD Facility**

A facility which is approved to furnish at least one specific ESRD service. Such facilities include:

- (a) Renal Transplantation Center: A hospital unit which is approved to furnish directly transplantation and other medical and surgical specialty services required for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A Renal Transplantation center may also be a Renal Dialysis Center.
- (b) Renal dialysis center: A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement). A hospital need not provide renal transplantation to qualify as a renal dialysis center.
- (c) Renal dialysis facility: A unit which is approved to furnish dialysis service(s) directly to ESRD patients.
- (d) Self-dialysis unit: A unit that is part of an approved renal transplantation center, renal dialysis center, or renal dialysis facility and furnishes self-dialysis services.
- (e) Special purpose renal dialysis facility. A renal dialysis facility which is approved to furnish dialysis at special locations on a short term basis to a group of dialysis patients otherwise unable to obtain treatment in the geographical area. The special locations must be either special rehabilitative (including vacation) locations serving ESRD patients temporarily residing there, or locations in need of ESRD facilities under emergency circumstances.

### **ESRD Network**

All Medicare approved ESRD facilities in a designated geographic area specified by HCFA.

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### **ESRD Service**

The type of care or service furnished to an ESRD patient. Such types of care are:

- (a) Transplantation service: A process by which (1) a kidney is excised from a live or cadaveric donor, (2) that kidney is implanted in an ESRD patient, and (3) supportive care is furnished to the living donor and to the recipient following implantation.
- (b) Dialysis service: (1) Inpatient dialysis - which, because of medical necessity, is furnished to an ESRD patient on a temporary inpatient basis in a hospital; (2) Outpatient dialysis: Dialysis furnished on an outpatient basis at a renal dialysis center or facility. Outpatient dialysis includes staff assisted dialysis, self dialysis, and home dialysis.

### **Interdisciplinary Team**

A group of staff members composed of representatives from different professions, disciplines, or services.

### **Network Organization**

The Administrative governing body to the network and liaison to the federal government.

### **Organ Procurement**

The process of acquiring donor kidneys.

### **Patient Care Plan**

An integrated plan of care developed with consent of the patient by the interdisciplinary professional team:

Short-term plan - developed within one month of beginning treatment.

Long-term plan - developed within three months of beginning treatment.

### **Plan of Care or Plan of treatment**

A written plan based on assessment data or physician orders that identifies the patient's need, who shall provide needed services and how often, treatment goals, and anticipated outcomes.

### **Quality of Life**

How a patient experiences the state of existing and functioning in the facility environment with relationship to the human and humane processes involved in normal human functioning, including rights and freedoms.

### **Rehabilitation**

A program of care designed to restore a patient to a former capacity.

### **Staff Assisted Dialysis**

Dialysis performed by the staff of the dialysis center or facility.

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## 2 COVERED SERVICES

1. The ESRD facility must provide dialysis services as well as adequate laboratory, social, and dietetic services to meet the needs of the ESRD patient.

- A. Dialysis services include:

- (1) Outpatient Dialysis furnished at regularly scheduled intervals at a renal dialysis center or facility.
- (2) Inpatient dialysis furnished on a temporary basis because condition of the patient indicates medical necessity.

- B. The patient care policies for the ESRD Facility must cover the following:

- (1) Scope of Service provided by the facility either directly or under arrangement.
- (2) Admission and discharge policies for in-facility and follow up care.
- (3) Medical supervision and physician services.
- (4) Patient care plans, long term program, and methods of implementation.
- (5) Care of patients in medical and other emergencies.
- (6) Pharmaceutical services.
- (7) Management of medical records.
- (8) Administrative records.
- (9) Consultant qualifications, function, and responsibilities.

2. Epoetin Alpha is covered by specific federal regulation to manage anemia in dialysis patients.
3. Calcitriol (Rocaltrol) tablets are covered for management of hypocalcemia in patients on chronic dialysis.
4. Renal Transplantation

Renal transplantation is furnished directly by a hospital that is participating as a provider of services in the Medicare program and is approved by HCFA as a renal transplantation center.

5. Physician Services

Evaluation and Management services related to the patient's end stage renal disease that are rendered [at the facility by the physician] on a day when dialysis is performed and all other patient care services that are rendered during the dialysis procedure are included in the dialysis procedure. Refer to Chapter 5, BILLING CODES, for appropriate selection of codes.

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## 6. Laboratory Tests

Laboratory tests are subject to normal coverage requirements. A free-standing laboratory performing these tests must meet the conditions of coverage for independent laboratories.

- A. Laboratory tests are essential to monitor the progress of dialysis patients. The following list of tests and frequencies constitute the level and types of routine laboratory tests that are covered under the Composite Payment Rate. Other tests are considered nonroutine and can be billed separately. Routine tests at greater frequencies must include medical justification. This schedule is based upon recommendations from HCFA for Medicare patients eligible for ESRD services.

The routinely covered regimen includes the following tests.

### Each Dialysis Session

All hematocrit or hemoglobin and clotting time tests furnished incident to the dialysis treatment.

### Weekly

Prothrombin time for patients on anticoagulant therapy  
Serum Creatinine  
BUN (Limited to 13 per quarter)

### Monthly

CBC  
Serum Calcium  
Serum Potassium  
Serum Chloride  
Serum Bicarbonate  
Serum Phosphorous  
Total Protein  
Serum Albumin  
Alkaline Phosphatase  
AST, SGOT  
LDH

### Every Three Months

Serum Aluminum  
Serum Ferritin

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- B. Hepatitis B Surface Antigen (HbsAg) and Anti-HBs for hepatitis B are covered when patients first enter a dialysis facility. Coverage of future testing in these patients depends on their serologic status and on whether they have been successfully immunized against hepatitis B virus.

The following table summarizes the frequency of serologic surveillance for hepatitis B. Tests furnished according to this table do not require additional documentation and are paid separately because payment for maintenance dialysis treatments does not take them into account.

| Frequency of Screening   |                             |                                  |
|--|-----------------------------|----------------------------------|
| Vaccination and Serologic Status   | HbsAG Patients              | Anti-HBs Patients                |
| Unvaccinated<br>Susceptible<br>HbsAg Carrier<br>Anti-HBs- positive <sup>1</sup>                      | Monthly<br>Annually<br>None | Semiannually<br>None<br>Annually |
| Vaccinated<br>Anti-HBs- positive<br>Low Level or No Anti-HBs   | None<br>Monthly             | Annually<br>Semiannually         |
| <sup>1</sup> At least 10 sample ration units by radioimmunoassay or positive by enzyme immunoassays. |                             |                                  |



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### **3 LIMITATIONS**

Renal dialysis services are limited to those services provided by a center or a facility which has met the standards for operation and maintenance of End Stage Renal Disease facilities in order to provide safe and effective services.

1. Acceptance of patients for care and service is limited to those patients who are under the continuing supervision of a physician.
2. Patients receiving care and service are limited to those with an individual short term and long term care plan developed and implemented by an interdisciplinary professional team with the patient's consent.
3. Professional staff and technicians working in a dialysis facility are limited to practicing within the scope of licensure or certification established under state law for their specialty.

### **4 NON-COVERED SERVICES**

The following are not covered services:

1. Self dialysis
2. Home dialysis
3. Dialysis training for patient or assistant

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## 5 BILLING CODES

Billing codes for End Stage Renal Disease are as follows:

### 1. Hospital — Outpatient

Bill dialysis services as a UB-92 Claim using one of the following Revenue Codes. Refer to the UB-92 Billing Manual or the UB-92 instructions included with this manual.

Revenue code 821  
Revenue code 831  
Revenue code 841  
Revenue code 851

Epoetin Alpha is covered and included in the basic dialysis procedure. Epoetin Alpha units can be reported by use of one of the following codes on the same UB-92 Claim Form on which the procedure is reported:

Revenue code 634 EPO <10,000 units  
Revenue code 635 EPO 10,000 units or more

### 2. Physicians

Bill all services related to ESRD and provided by the physician to the dialysis patient at the facility on a day dialysis is provided as a HCFA-1500 Claim. Physician service is included in the procedure. Use one of the following procedures codes:

- 90935 Hemodialysis procedure with single physician evaluation
- 90937 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
- 90945 Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration), with single physician evaluation
- 90947 Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription.

Bill services related to ESRD provided in the physician's office, at a time other than the day of dialysis service, as a HCFA-1500 Claim. Use an appropriate CPT Code in the current edition of the CPT Manual.